FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

145	1929					
OMB APPROVAL						
OMB Number:	3235-0076					
ONID NUMBEL.	0200-0010					

hours per response..

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16.00

SEC USE ONLY					
Prefix		Serial			
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	DATÉ RE	CEIVED			
	1	1			

Name of Offering (check if this is an amend MDK Trust Holdings, L.P.	ment and name has	changed, and indicate	change.)		PROCESSED
Filing Under (Check box(es) that apply):	Rule 504	Rule 505	□ Rule 506	6 🔲 Secti	on 4(6) ULOE
Type of Filing: New Filing	Amendment				HAY 1 5 2008
	A. BA	ASIC IDENTIFICATION	I DATA		MAI 1 9 2000
1. Enter the information requested about the is	suer				DELITE
Name of Issuer (☐ check if this is an ame MDK Trust Holdings, L.P.	ndment and name h	as changed, and indic	ate change.)		THOMSOM KEGIE
Address of Executive Offices	(Number and Stre	et, City, State, Zip Co	de)		er (Including Area Code)
c/o Capricorn Investment Group, LLC	250 University Ave	nue, Suite 300, Palo A	Ito, CA 94301	650-331-8824	
Address of Principal Business Operations (if different from Executive Offices)	(Number and Stre	eet, City, State, Zip Co	de)	Telephone Numb	er (Including Area Code)
Brief Description of Business					
Investment fund organized as a limited partner	ship under Delaward	e law.			
Type of Business Organization					
□ corporation	limited partner	ship, already formed		other (p	08049480
☐ business trust	limited partner	ship, to be formed			049400
		Month	Year		
Actual or Estimated Date of Incorporation or Or	ganization:	0 2	0 8	Actual	☐ Estimated
Jurisdiction of Incorporation or Organization:	•	J.S. Postal Service abl		ate: D E]
	Ortion Gariaga, i		•	L	J
GENERAL INSTRUCTIONS			•	L	J

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (06-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IDENTIF	ICATION DATA							
2. Enter the information reque	sted for the following:									
 Each promoter of the 	Issuer, if the issuer has been	en organized within the past five	years;							
 Each beneficial owner 	 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; 									
		ssuers and of corporate general	I and managing partners of pa	artnership issuers; and						
	naging partner of partnersh									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner					
Full Name (Last name first, if	Full Name (Last name first, if individual)									
Capricom Investment Group,	LLC, as general partne	r								
Business or Residence Address (Number and Street, City, State, Zip Code)										
250 University Avenue, Suite	300, Palo Alto, CA 943	01								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		□ Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)	-								
George, Stephen J.										
Business or Residence Addre	ess (Number and Street	, City, State, Zip Code)								
c/o Capricorn Investment Gro	up, LLC, 250 University	Avenue, Suite 300, Palo Al	lto, CA 94301							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer		General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Yadigaroglu, Ion										
Business or Residence Addre	ess (Number and Street	, City, State, Zip Code)								
c/o Capricom Investment Gro	up, LLC, 250 University	Avenue, Suite 300, Palo Al	to, CA 94301							
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner		Director	☐ General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Jonson, John										
Business or Residence Addre	ess (Number and Street	, City, State, Zip Code)								
c/o Capricorn Investment Gro	up, LLC, 250 University	Avenue, Suite 300, Palo Al	to, CA 94301							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	☐ General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Uphoff, Barry										
Business or Residence Addre	ss (Number and Street	, City, State, Zip Code)			*					
c/o Capricorn Investment Gro	up, LLC, 250 University	Avenue, Suite 300, Palo Al	to, CA 94301							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if	individual)									
DeMartini, James G.B., III										
Business or Residence Addre	ss (Number and Street	, City, State, Zip Code)								
c/o Capricorn Investment Group, LLC, 250 University Avenue, Suite 300, Palo Alto, CA 94301										
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Mitchell D. Kapor Trust dated	Mitchell D. Kapor Trust dated 12/03/99									
Business or Residence Addre	ss (Number and Street	, City, State, Zip Code)								

543 Howard Street, San Francisco, CA 94105
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					E	. INFORMA	TION ABOU	JT OFFERIN	IG				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No ⊠			
	Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?									**************	\$20,000,000.00			
3.	Does the	offering pe	rmit joint o	wnership of	a single uni	t?	••••••••	*********	••••••	********		Yes ⊠	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full	Name (Las	st name fir	st, if individ	lual)									
Busi	iness or Re	esidence A	ddress (Nu	ımber and S	treet, City, S	State, Zip Co	de)						
Narr	ne of Assoc	ciated Brok	er or Deal	er									
-	-					olicit Purcha						☐ All State	s
[A	·L] [[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	(FL)	[GA]	[HI]	[ID]
[1]	Lj	[IN]	[IA]	[KS]	[KY]	[LA]	(ME)	(MD)	[MA]	[MI]	[MN]	[MS]	[MO]
[M	·п ([NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(F	RI} [[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	[WY]	[PR]
Full Name (Last name first, if individual)													
Busi	ness or Re	esidence A	ddress (Nu	imber and S	treet, City, S	State, Zip Co	de)						
Nam	e of Assoc	ciated Brok	er or Deal	er									
State	es in Which	h Person L	isted Has	Solicited or I	ntends to S	olicit Purchas	sers						
(1	Check "All	States" or	check indi-	vidual States	i)				***********	,		☐ All State:	5
[A	.L] [[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
-	-	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
•	•	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR)	[PA]
(F	(I) [[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	[WY]	(PR)
Full Name (Last name first, if individual)													
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
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[N]	-	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	(DE) [MD]	[DC]	[FL]	[GA]	(HI) (MS)	(ID)
_	-	[NE]	[NV]	[NH]	[NJ]	[MM]	[ME] (NY]	[MD]	(MA) [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	(MO) [PA]
[F	•	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[UN] [AW]	[WV]	[Wi]	[WY]	[PR]
			1	,y		1	41	14	, ·J	()	14	1	5.44

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Type of Security Offering Price Already Sold Debt Equity ☐ Common □ Preferred Convertible Securities (including warrants)......\$ Partnership Interests 20,000,000.00 20.000.000.00 Total\$ 20,000,000.00 20,000,000.00 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases 1 20,000,000.00 Accredited Investors..... Non-accredited Investors \$ Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. **Dollar Amount** Type of Type of offering Security Sold Rule 505..... Regulation A..... Rule 504..... Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 0.00 0.00 965.72 0.00 Engineering Fees \$ 0.00 Sales Commissions (specify finders' fees separately)..... 0.00 Other Expenses (identify) AML services 4,000.00 Total 4,965.72

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRIC	CE, NUMBER OF INVESTORS, EXPENSES A	AND	USE OF PROCEEDS		
	 Enter the difference between the aggrega Question 1 and total expenses in response the "adjusted gross proceeds to the issuer." 				\$ 19	,995,034.28
5.	Indicate below the amount of the adjusted grost to be used for each of the purposes shown. It furnish an estimate and check the box to the let listed must equal the adjusted gross proceeds – Question 4.b above.	f the amount for any purpose is not known, it of the estimate. The total of the payments				
				Payments to Officers, Directors & Affiliates		Payments To Others
	Salaries and fees			\$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installation	of machinery and equipment		\$		\$
	Construction or leasing of plant buildings a	and facilities		\$		\$
	Acquisition of other businesses (including offering that may be used in exchange for	the value of securities involved in this the assets or securities of another issuer	П	\$		\$
	, ,				_	\$
				\$ \$		\$
	Other (specify): Investment in affiliated i			\$	⋈	\$19,995,034,28
	Outer (specify).	investment lands and other securities		•	. W	\$10,550,054.20
				\$		\$
	Column Totals			\$0.00	_ ⊠	\$19,995,034.28
	Total Payments Listed (column totals adde	od)		⊠ \$19,99	5,034	.28
		D. FEDERAL SIGNATURE				
cor	issuer has duly caused this notice to be signed b stitutes an undertaking by the issuer to furnish to ished by the issuer to any non-accredited investo	the U.S. Securities and Exchange Commission				
Issi	er (Print or Type)	Signature		Date / /		
MD	K Trust Holdings, L.P.			5/2/0	8	
Nai	ne of Signer (Print or Type)	Title of Signe Profit or Type)				
Joh	n Jonson	Chief Operating Officer of Capricorn Investment	ent G	roup, LLC, the general o	artner	of the Issuer

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

